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2001 UNIFORM BUSINESS REPORT (UBR)

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Mar $1\overline{2}$, $\overline{2001}$ 8:00 am DOCUMENT # P9400000351 **Secretary of State** 1. Entity Name PEMPI PROPERTY INVESTMENTS, INC. 03-12-2001 90499 047 ***150.00 Principal Place of Business Mailing Address 8556 PALM PKWY 8556 PALM PKWY 590 VILLAGE BLVD.. SUITE 160 580 VILLAGE BLVD.. SUITE 160 ORLANDO FL 32836 ORLANDO FL 32836 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0510216 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KAY, JAMES R Street Address (P.O. Box Number is Not Acceptable) 777 SOUTH FLAGLER DRIVE STE 900 EAST TOWER WEST PALM BEACH FL 33401 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. DVPT CR2E034 (10/00 ☐ Delete TITLE Change Addition TITLE AL-SAYED, EBRAHIM S. NAME NAME STREET ADDRESS STREET ADDRESS 8556 PALM PKWY CITY-ST-ZIP CITY-ST-7IP ORLANDO FL 32836 DPS TITLE ☐ Delete TITLE Channe Channe ☐ Addition NAME HASHWANI, HATIM NAME STREET ADDRESS STREET ADDRESS 8556 PALM PKWY CITY-ST-ZIP CITY-ST-ZIE ORLANDO FL 32836 TITLE DVP ---~ Change - Addition Délete TITLE CLARK, SUSAN I. NAME NAME STREET ADDRESS STREET ADDRESS 8556 PALM PKWY CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32836 TITLE ☐ Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee and overed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.